

State of Arkansas Pardon Application

Instructions

A Pardon is not a right but a discretionary act of the Governor that can be denied for any reason. An applicant for Pardon should understand that the process would take up to one year.

The Parole Board will review all applications. After the Parole Board makes the review and recommendation, you will be notified. Please, do not call the Parole Board concerning results.

The Parole Board is charged with first review of all applications. Files will be reviewed by the Governor in the order they are received. There is no appeal process for Pardons. The decision of the Governor is final.

Follow all instructions and answer all questions truthfully.

Incorrect information will be grounds for return of your application.

Your application MUST be notarized or it will be returned to you.

NEW APPLICANTS

If you have never filed a Pardon Application before attach these certified documents to the application;

1. Judgment and Commitment Order (get from the Circuit Clerks Office if Felony Charge-----or-----from the District Clerk's office if misdemeanor)
2. Information sheet or probable cause affidavit from clerk
3. Narrative report from arresting agency (City Police, Sheriff or State Police)

OLD APPLICANTS

Because you have previously filed for a Pardon, all necessary paperwork is still in your file. Fill out the application, have it notarized and return it to this office. DO NOT resubmit attachments sent before (J & C, warrants, etc.), but only submit NEW information to support your file.

If you have convictions NOT previously requested, you must furnish the following;

1. Judgment and commitment order
2. Information sheet or probable cause affidavit
3. Narrative report from arresting agency (City Police, Sheriff or State Police)

Return all applications to:

DCC Institutional Release Services (IRS)
Pardon Department
2801 S. Olive St. Suite 6-D
Pine Bluff, AR. 71603

Pardon Application

2801 S. Olive St. Suite 6-D

Pine Bluff, AR. 71603

870-543-1033 // 870-879-6725 fax

Name _____

Date of Birth _____

Address _____

Race _____ Sex _____

City_____

ADC# _____ PID# _____

State _____ Zip _____

SS# _____

Phone

Cell

I am requesting the following (Check Only One)

 Pardon (with firearm rights restored)

Pardon (without firearm rights restored)

Restoration of Firearms Only -- crime must be 8 years old and no weapons involved

(Page 8 also must be filled out by Sheriff in county where you reside and notarized)

Checklist for Applicant's Use

Please make sure all information listed below is attached to application

1. _____ First time applicant Yes _____ No _____
Date of previous application _____
2. _____ Entirely completed, signed, dated and notarized application
3. _____ Judgment Orders for each conviction to be considered (along with police reports, information sheets, and probable cause affidavits)
4. _____ **Letters of recommendation:** (include current address and daytime phone #'s)
 - i. Family
 - ii. Friends
 - iii. Minister (if applicable)
 - iv. Present or former employers
 - v. Other reputable persons in the community who may desire to testify to the moral character and good behavior of the applicant.
6. _____ Letter of Personal Plea

1. Give full name under which you were convicted and any alias names you may have used:

2. You must list below, ALL CRIMES WHICH YOU WISH TO BE PARDONED!
(fill out completely and attach Judgment and Commitment Orders,
dispositions from District Courts, information sheets, probable cause
affidavits and police reports for **each** crime listed)

| Crime | County of conviction | Date | Court Docket # | Sentence |
|-------|----------------------|------|----------------|----------|
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3. Have you completely discharged from your sentence? YES _____ NO _____
4. Are you on probation or suspended sentence? _____
5. Was any restitution ordered in any of the convictions Yes _____ No _____
6. Have all fines, fees, court costs and restitution been paid in full? If Yes—attach receipts
If you still owe restitution, cost(s) and/or fine(s) for any crimes you were convicted, please list
the persons or entity to which the debt is owed and the outstanding amount still owed.

7. Were there victims in your crimes? YES _____ NO _____

If yes answer the following questions;

- Did you know the victim? _____
- If yes, what was the relationship? _____
- Was the victim injured? _____
- Age of the Victim _____
- Was the victim law enforcement or public official? _____
- Was there more than one (1) victim? _____

8. Were other persons involved in the crimes listed above? Yes _____ No _____
If yes, list the names of your accomplices and what, if any, sentences they received

9. Concerning the facts of the crimes, briefly explain what happened in each case.
(Attach a separate sheet if necessary)

10. Explain the reason why you think the Governor should grant to you the relief requested.
(Attach a separate sheet if necessary)

11. Describe what you have done to demonstrate your rehabilitation-Community programs, volunteer work, furthering education, speaking engagements, mentoring to others, etc.
(Attach a separate sheet if necessary)

12. Are you a SEX OFFENDER that is currently required to register by law? Yes____ No ____
(If your answer is yes, answer the following questions)

>. Has your registration been kept current since it's requirement? _____
>. If no, explain why not _____

>**You must submit your most recent risk assessment with this application.** (This may be obtained from your local sheriff's office if you are a Sex Offender)

13. List all other crimes **not listed before**, even out of state crimes, traffic violations, misdemeanors, etc. that you **DO NOT WISH TO BE CONSIDERED FOR PARDON**

| Crime | County of conviction | Date | Court Docket # | Sentence |
|-------|----------------------|------|----------------|----------|
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PERSONAL BACKGROUND

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1. Are you:
 Single _____ Married _____ Separated _____ Divorced _____ Widowed _____
 Full name of spouse _____
 When were you married _____
 Where were you married _____

2. Previous marriages: list the following information;
 Name of Spouse Date of Marriage Date marriage ended Reason (divorce/death, etc.)

3. Children _____ How many? _____
 Name AGE Address

4. Have you ever served in the Armed Forces? Yes _____ No _____
 If yes, what branch? _____

5. What type of discharge did you receive? Honorable _____ Dishonorable _____
 Medical _____ Other _____

EDUCATIONAL BACKGROUND

| School | Address | Dates of Attendance | Highest grade completed & Degrees |
|--------|---------|---------------------|-----------------------------------|
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EMPLOYMENT BACKGROUND

1. Please provide the following information about your current job;

Name of employer _____

Employer's address _____

When were you hired _____

Give a brief description of your job duties:

2. If you are currently unemployed, but on disability, please explain how you became disabled.

For previous jobs you have held, list the following information

| Dates | | Employer | Address & Current Phone |
|-------|----|----------|-------------------------|
| From | To | | |
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By signing and submitting this application, I hereby swear and affirm that the information provided is true and accurate to the best of my knowledge and I hereby waive any state or federal privacy protections or other privileges to the extent allowable by law;

I understand that incorrect information provided by myself, will be grounds for IMMEDIATE DENIAL!

Applicant's Signature

Date of Application

Subscribed and sworn to me this _____ day of _____, _____

My Commission expires:: _____

Notary Public

Certificate to Obtain Information

To be filled out by the Clerk in the County of Conviction
In the Court of Conviction (Circuit Court or District Court)

I, _____ Circuit Clerk or District Clerk of _____ County
Have been approached by _____ (applicant's name) in an attempt to
obtain a certified copy of his or her commitment orders for the purpose of applying for a
Governor's Pardon. After a good faith effort, a copy of these records cannot be furnished for the
following reason:

_____ Case too old, documents have been destroyed

_____ A copy has been diligently searched for and cannot be found

_____ Court House burnt and record was destroyed (year of _____)

_____ Record has been Sealed
(if applicant applies in person, sealed record must be supplied to them)
**** Statute 16-90-903****

Circuit Clerk/ Deputy Clerk / District Clerk

County Seal/District Seal

COMPLETE THIS PAGE
IF APPLYING FOR
RESTORATION OF FIREARM RIGHTS **ONLY**

Recommendation of Chief Law Enforcement Officer in County of Residence

I, _____, hereby recommend
(applicant) _____ for the restoration of his/her right to own or
possess firearms and certify that he/she is of good standing and is deserving of this restoration of
firearm rights. In Accordance with Arkansas Code Annotated ~5-73-103, I confirm that the crime
occurred more than eight (8) years ago and no weapon was involved in the commission of the
crime. This person currently resides at _____ which is
within my jurisdiction and has lived within my jurisdiction since _____.

Sheriff _____

County of _____

Subscribed and sworn to me this _____ day of _____, _____.

Notary Public

My commission expires:
